

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| fee DETERMINATION         | E.H.     |        | 06-20-01 |
| O.I.P.E. CLASSIFIER       |          |        | 7-3-01   |
| FORMALITY REVIEW          | TH       | 1118   | 8-10-01  |
| RESPONSE FORMALITY REVIEW |          |        |          |

JC1118

## INDEX OF CLAIMS

✓ Rejected N Non-elected  
 = Allowed I Interference  
 - (Through numeral)... Canceled A Appeal  
 + Restricted O Objected

| Claim          | Date    |
|----------------|---------|
| Final Original | 15-2-16 |
| 1              | 1       |
| 2              | 10      |
| 3              | 5       |
| 4              | 6       |
| 5              | 7       |
| 6              | 8       |
| 7              | 9       |
| 8              | 10      |
| 9              | 11      |
| 10             | 12      |
| 11             | 13      |
| 12             | 14      |
| 13             | 15      |
| 14             | 16      |
| 15             | 17      |
| 16             | 18      |
| 17             | 19      |
| 18             | 20      |
| 19             | 21      |
| 20             | 22      |
| 21             | 23      |
| 22             | 25      |
| 23             | 26      |
| 24             | 27      |
| 25             | 28      |
| 26             | 29      |
| 27             | 30      |
| 28             | 31      |
| 29             | 32      |
| 30             | 33      |
| 31             | 34      |
| 32             | 35      |
| 33             | 36      |
| 34             | 37      |
| 35             | 38      |
| 36             | 39      |
| 37             | 40      |
| 38             | 41      |
| 39             | 42      |
| 40             | 43      |
| 41             | 44      |
| 42             | 45      |
| 43             | 46      |
| 44             | 47      |
| 45             | 48      |
| 46             | 49      |
| 47             | 50      |

| Claim          | Date |
|----------------|------|
| Final Original | 51   |
| 52             |      |
| 53             |      |
| 54             |      |
| 55             |      |
| 56             |      |
| 57             |      |
| 58             |      |
| 59             |      |
| 60             |      |
| 61             |      |
| 62             |      |
| 63             |      |
| 64             |      |
| 65             |      |
| 66             |      |
| 67             |      |
| 68             |      |
| 69             |      |
| 70             |      |
| 71             |      |
| 72             |      |
| 73             |      |
| 74             |      |
| 75             |      |
| 76             |      |
| 77             |      |
| 78             |      |
| 79             |      |
| 80             |      |
| 81             |      |
| 82             |      |
| 83             |      |
| 84             |      |
| 85             |      |
| 86             |      |
| 87             |      |
| 88             |      |
| 89             |      |
| 90             |      |
| 91             |      |
| 92             |      |
| 93             |      |
| 94             |      |
| 95             |      |
| 96             |      |
| 97             |      |
| 98             |      |
| 99             |      |
| 100            |      |

BEST AVAILABLE COPY

(LEFT INSIDE)

If more than 150 claims or 10 actions

staple additional sheet here